

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS2833HIC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/08/2009</b>
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NAME OF PROVIDER OR SUPPLIER  <b>AND YOUR HOME TOO 1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1590 PALOMINO DR HENDERSON, NV 89015</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 000	<p><b>Initial Comments</b></p> <p>This Statement of Deficiencies was generated as a result of a State Licensure Survey and a Complaint Investigation conducted in your facility on August 26, 2008 and completed on January 8, 2009.</p> <p>This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29, 1999.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The census at the time of the survey was one.</p> <p>Complaint NV00018418 was substantiated. See Tag H0017.</p>	H 000		
H 017	<p><b>Director Duties-Protective Supervision</b></p> <p>NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall:</p> <p>3. Ensure that the residents of the home:</p> <p>(b) Receive:</p> <p>(3) Protective supervision and adequate services to maintain and enhance their physical, mental and emotional well-being.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview from 8/28/08 to 1/8/09, the director failed to maintain a resident's physical well-being by not</p>	H 017	<p>A) I directed caregivers to assist residents in medications as ordered and log on MAR with initials</p> <p>B) Caregiver was terminated 6-23-08. Class given to caregivers on administering medications and MAR 6-30-08</p>	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Edyth E. Fitzpatrick*  
TITLE  
(X6) DATE

STATE FORM

6899

HJ2T11

If continuation sheet 1 of 3

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H 017	<p>Continued From page 1</p> <p>administering a medication as ordered.</p> <p>Findings include:</p> <p>Multiple medical, pharmacy and facility records were reviewed. The records revealed the following:</p> <ul style="list-style-type: none"> <li>- According to hospital records, Resident #1's valproic acid levels were 86.7 on 5/18/08.</li> <li>- Resident #1 was discharged from the hospital and admitted to the facility on 5/23/08. The resident had an order for valproic acid 250mg per 1ml to be taken as 10ml twice a day and 15ml once a day for a total of 35ml per day.</li> <li>- Pharmacy records indicated that 245ml was dispensed on 5/22/08 and picked up on 5/23/08.</li> <li>- The facility's medication administration record (MAR) for Resident #1 indicated the valproic acid was administered as prescribed on 5/23/08. The MAR had no further entries for the medication.</li> <li>- Resident #1 was re-admitted to the hospital the evening of 5/28/08 with grand mal seizures. Emergency physician notes indicated, "The patient did have a total body tonic-clonic seizure in the emergency department after an intravenous catheter was established and the patient was placed on a monitor...and given Depakote (valproic acid) to correct his Depakote absence at this point."</li> <li>- On 5/29/08 at 1:35AM, Resident #1's valproic acid level was less than 10. Laboratory records indicated the reference range for valproic acid was 50-100.</li> <li>- Resident #1 was administered a dose of valproic acid and his valproic acid levels increased to 71 by 12:00PM on 5/29/08.</li> <li>- Neurologist consult notes date 5/29/08 indicated Resident #1 had breakthrough seizures secondary to sub-therapeutic medication.</li> </ul>	H 017	<p>B) Quarterly staff meetings will include safety of + accuracy of assisting with medications and importance of completion of records. Edyth E. Fitzpatrick (Director) is responsible to monitor all corrections.</p> <p>C) All corrections were completed by 7-15-08.</p>		

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If continuation sheet 2 of 3

Bureau of Licensure and Certification

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H 017	Continued From page 2  During an interview with the complainant, the complainant revealed that when she picked up the bottle of valproic acid from the facility after Resident #1 was re-admitted to the hospital. The complainant reported the bottle contained approximately 200ml of valproic acid. If the medication had been administered at 35ml per day for the six days the resident was in the facility, only 35ml would have remained in the bottle.	H 017			

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If continuation sheet 3 of 3

(XPT - 11-01)